U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P t. 86-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U [99/9]	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Tom Benish	Name Northern WI Regional Council of Carpenters
	Labor Organization File Number 035-751
P O Box Bldg Room No if any	P O Box Building and Room Number if any
Street 2522 Fish Hatchery Rd	Street N2216 Bodde Road
City Madison	City Kaukauna
State Wisconsin ZiP Code + 4 53713	State Wisconsin ZIP Code + 4 54130-9740
5 Position in labor organization	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any	
PO Box Bidg Room No if any	7 b Amount
Street City ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Tom Barish	On \$\(\frac{12\lsquare{0}}{\text{Date}} \) \(\frac{608-257 2448}{\text{Telephone Number}} \)

Name of Person Filing Tom Benish File Number U B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name Robert W Baird & Co Inc a Labor Organization Trade Name if any b Trust PO Box Bldg Room No if any c Employer Street 777 E Wisconsin Avenue Milwaukee ZIP Code + 4 53202 State Wisconsin 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Investment Committee Meeting Golf and Dinner Name Wisconsin Carpenters Fringe Benefit Funds 8 15 04 Trade Name if any PO Box Bldg Room No if any Street 1704 Devney Dr 11 b Approximate dollar value of such dealing \$168 Eau Claire 12 a Nature of interest held or income received ZIP Code + 4 54702 State Wisconsin 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment, 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No if any [Street

14 b Amount of payment

ZIP Code + 4

or Consultant

13 b is the Business an Employer

City

State

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30